G. R. S. IX-5]

Previous references.

1915 (Mar.)

File No. 434

Serial Nos.

Later references.

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. Misc papers.

Part B for

SUBJECT.

Problem of medical relief for the Mysore State

W D 1250—GPB—30,000 28-1-19

C. Hill

1915.

GENERAL AND REVENUE SECRETARIAT.

(Bombay)

NOTES.

File No.

FILE HEADING.

Extension of Ayurvedic medical aid to interior parts of the State.

From

No.	Dated	Received

Diary No.	Enclos.	Spare Copies.	Serial No.

BRIEF ABSTRACT OF LETTER.

NOTES AND ORDERS.

NOTES—First Sheet.

GPB—20,100 8-8-14

G.R.S. 13]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

Subject to 1st minute

The appended note was prepared in connection with the extension of Medical relief a subject which was brought up for discussion at the Assembly. If the main lines are approved, I shall then proceed to elaborate the scheme. A copy of the note has been submitted to the Secretary and I have

N.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

GPB—50,000 —29-6.14

G.R.S. 13]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

also send a copy to Dewan Bahadur J. S. Chakravarty for his criticism

Lia.
29.10.15

Please put up Mr. Chakravarti's note & let me know in what respects his scheme differs from this. We must do something to make use of the services of men turned out of our College.

I think that these men should not be expected to be full Govt servants but should derive part of their support from Private practice.

31/10/15

N.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

GPB—50,000 -29-6-14

2/11/15

G. R. S. III-2]

General and Revenue Secretariat. | File No. of 191

Serial No 4

OFFICE OF THE MUZRAI SUPERINTEN
IN MYSORE,

Dated ~~Bangalore,~~ Mysore 29. 01 1915

Dear Mr. Hirigayanna

I enclose herein a copy of a brief note prepared by me for the extension of Medical aid, a subject which comes up for discussion before the Assembly. I shall be grateful if you will kindly place it before the Dewan for perusal

NOTE—Contn sheet

Ls No-1214
19.11.15

REPLY.

(To be written on this margin.)

W D. 791—GPB—2,000—2-10 15

Office of the Dewan of Mysore.

NOTE.

Dated...18th..November.....1915.

Note by the Muzrai Superintendent, on the extension of Ayurvedic medical aid to interior parts of the State, received with his D.O. letter of the 22 October 1915.

Forwarded to the Secretary, Revenue Department. The note may be circulated to the First Member and the Extraordinary Member and brought up at the next Meeting of Council.

18/11/15.

Secretary,

Revenue Department.

19/11/15

The Concerned
Representations are also forwarded

23.

R. S. 12]

General and Revenue Secretariat. | File No. | of 191

Serial No.

I think that extension of Medical relief should be given by extending the employment of men turned out of our Ayurvedic College and not by any system of creating a class of men lower than the Sub Asst Surgeons. The qualifications of these ~~men~~ latter are low enough, and it is quite undesirable that a still lower class should be brought into existence, with the result of taking away even the slight opportunities we have of preventing the indigenous system dying out altogether.

I think that the curriculum of the Ayurvedic College may include Vaccination and also "first aid". This subject may be referred to the Committee.

The scheme for our

NOTE—Contn. sheet.

GPB—20,000 -30 6-15

. R. S. 12]

General and Revenue Secretariat. | File No. | of 191 .

Serial No.

employing more Ayurvedic men, and attracting more students. The Scheme contained in the Mem. K.S. Note may be brought into force. Such of the features as may be desirable in Mr. Chakravarti's Note may be tacked on to this.

4/1/16

5/1/16

330 Submitted to the Extraordinary Member as directed by the Secretary under date 18.11.15.

6.1.16

This may be considered along with Mr. Chakravarti's scheme for affording medical relief in rural areas.

10 1 16

12/1/16

The subject is then brought up at a Council meeting

NOTE—Contn. sheet.

GPB—20,000—30 6 15

R. S. 12]

General and Revenue Secretariat. | File No. | of 191 .

Serial No.

The file has not been circulated to the 2nd member.

Rev. Secy)

12.1.16

2nd Member

3.

15/1/16

Forwarded with compliments to the General Secretariat for being brought up before the meeting of Council

17.1.16

for Secy Rev. Dept

C.S.

17/1

NOTE—Contn. sheet.

GPB—20,000—30-6-15

G.R.S. 13]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record]

Re. note of discussion in Council on 3.8.16, recorded in Med. File 71-15:—

The Muzzaffarpur Branch will perhaps be able to say whether the Agriculture College does not include provision for training in the Western system of Med. treatment and that Branch may, if approved, be consulted before making the enquiry ordered.

Actg. 39/ 5.8.16

Agree with the above

89 8/8/16

Subject to the U. Secretary

89 12/8

Med. Mis. 13/16-17.

File No 336-13

herewith put up with the necessary minutes

NB —Should routine notes be written on small slips, the notes must be copied or slips pasted on this form

GPB - 50 000—5 8 16

G.R.S. 13]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

So far as the curriculum goes there is provision for imparting a modicum of knowledge in the various systems of medicine but- it is possible to obtain better results if a superior class of students can be secured which again turns upon the openings for a ~~[illegible]~~ Careers that are created for the successful students. There are also certain improvements which have to be effected [illegible] in

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GPB– 50 000—5 8 15

G.R.S. 13]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

The Teaching Staff and
in the opportunities afforded
to the students to obtain
practical knowledge
And it seems to me
that it would be preferable
to have this as part of
the question threshed out
by the committee

Lee
16 8. 14

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GPB—50 000—5 8 15

G.R.S. III—3]

ROUTINE NOTES.

781

[To be used only for notes, requisitions, etc., not intended for permanent record.]

Note from Mr Dew that, as it is
[illegible] action is not.

(By Mr IV) Mr Pile seems to have been
taken [illegible] respect in connn
with the subject of medical
relief which has been
subject of discussion in
Council on 21.6.17.
Has been set? by that
Branch as no longer
req?. The papers
may be filed

RL
7.11.18

Letter to file
[illegible]

N B —Should routine notes be written on small slips, the notes must be copied or slips pasted on this form

G.R.S. III—3]

781

ROUTINE NOTES.

[To be used only for notes, requisitions, etc not intended for permanent record]

N B —Should routine notes be written on small slips, the notes must be copied or slips pasted on this form

G.R.S. III—3]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent

D O No 585

C.S
To be sent to Mysore
to Mysore to Mysore
Secretary / 1676 Mysore
16.6.17

My dear Sir

The file about the proposals for the revision of the course of studies in the Ayurvedic College and the report of the committee on rural medical relief may kindly be caused to be sent early for the Extraordinary member's perusal.

Yours sincerely
K Krishnan Rao

Dr. Narasinga Rao Esqr B A M.B.
Secretary

Subd.

The file required is put-up. It is one of the files included in the Agenda for the Council Meeting on 21-6-1

18/6/17

N B —Should routine notes be written on small slips the notes must be copied, or slips pasted on this form

W D 81—GPL- 60 000—20 7 16

G.R.S. III—3]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

The Extraordinary member says that this case has been long pending and that he will be glad if it is pressed for consideration and some decision arrived at, at an early date.

Gen. Sec) 19 6-17 Kille

C.S
note apt
Reject in
Each Speaker
Dues 20/6

N B—Should routine notes be written on small slips the notes must be copied, or slips pasted on this form

W D 81—C73—(1)19 20-17

L. R. 1558
26-7-16

REPLY.

(To be written on this margin.)

Office of the Dewan of Mysore.

NOTE.

Dated 25th July .... 1916.

Cutting from the "Karnataka" dated 1st July 1916, on the problem of medical relief for the Mysore State.

****

This cutting was received by me from some unknown correspondent.

I shall be glad if the points raised therein, are considered in connection with Mr. Chakravarti's scheme.

25.7.16

Secretary,

General Department.

Please place this in the file of
three weeks notice.
25/7

the villagers. Is it not more likely that a medical man, whether better or ill qualified, will find his way to the richer towns where he can earn a respectable living? In this connection, we should refer the Comptroller to the Editorial of the May Number of the *Indian Medical Gazette*, whose opinion is more worth than that of his esteemed friend Lt, Col. T.H. Foulkes who has alone stood sponsor to his scheme. This editorial has set forth clearly all the disadvantages of a cheap form of medical relief such as the one contemplated by the Comptroller. We may point out that there are other eminent medical men in the State who are as well qualified as Lt.-Col. Foulkes to speak on the subject, but without the imposing military handle to their names, and who are strongly opposed to his scheme as dangerous and unfeasible. A scheme similar to that under discussion was proposed in the Madras Legislative Council in last April by the Hon'ble Mr. B. N. Sarma and his resolution was rejected by the Council as a retrograde step. They have agreed to increase the number of medical schools after the War and to provide the Presidency with well-trained Sub-Assistant Surgeons instead of the Hobli doctors. Mr. Chakravarti has no doubt obtained this inspiration for this scheme from the Bengal Presidency where it is said to be fairly successful, but of which we have no reliable data to form any opinion. We must live in the place to estimate its usefulness correctly. But the conditions here are different. Mysore is a small State and and we can with the modest extra sum of two lakhs of rupees provide the best medical relief instead of the sham proposed. Money spent on this will be well worth it. There may be no immediate return in cash, but in the long run, this initial outlay, by securing the health and well-being of the rural population, will improve the prime asset of the State, The only solution to this problem is to open a Medical School at once and to train our own Sub-Assistant Surgeons and to send them to the different parts of the State where medical relief is most urgently required. They should be given a living wage, better than that of a chaffeur. Their lives should be made happy and contented. It will no doubt take time ; but if we set to work in the right direction, with an energetic Senior Surgeon at the head and with liberal and unstinted support from Government, the task is not an insuperable one. What has been done in the Panama Canal Zone by the Americans is also possible in Mysore. But there is this difference. The Americans being a go-ahead people did not grudge to spend what was wanted. Being a business-like and long-headed people, they knew that the money spent in improving the health of the Canal Zone would be productive of enormous results in the near future. And their anticipation has been more than realised. So let us hope that with the dawn of Economic and Industrial progress in the State, genuine medical relief to the silent sufferers in the remotest corner will be extended with an unstinting hand.

ion of the cour
College and re-
al medical relie

A similar remark may ... also of a majority of the m... pellations. Excepting those ad... ised b... Messrs B.Narasinga Rao, C.Narasimhaiy... and M. Venkatakrishnayya, none ... questions touches any vital point having reference to the true and actual ... the country. As we have point... time after time Sir Visvesvaraya's ... ernment need no coaxing or persuasion to spend more money on educational and industrial pursuits ; but what they do need is a frequent reminder as to the importance of attending more minutely to the routine and of scrutinizing more strictly the ways of expenditure. It is in respect to these that they are apt to be indifferent, or over-sanguine, or over-trustful ; and the ultimate object of interpellations should therefore generally be to focus attention on the weak-spots in the administration and to suggest remedies therefor. To fulfil these functions properly, the popular members should first equip themselves fully with all necessary information and then prepare definite schemes of reform to be urged persistently and systematically. It will not do if they simply borrow a phrase from a stray magazine article or an idea from the speech of a Mehta or a Banerjea. Generalizations supported by facts in Bengal or Bombay need not necessarily be

G.R.S. III—3

Routine Notes.

[To be used only for notes requisitions etc not intended for [illegible] Board

The accompanying note on the Rural Work Relief Scheme is submitted in compliance with instructions in Memo of 28 Sept 1911

The note on Harbour Improvement work will be submitted by the end of the month

[illegible]

24.10.11

RURAL MEDICAL RELIEF

Dewan Bahadur Mr. J.S. Chakravarti has submitted a Memorandum urging the desirability of a scheme for providing Medical aid in villages which cannot command Hospitals and Dispensaries. The scheme is to provide for the training of a number of men in the rudiments of medicine in all its branches including Sanitation and Vaccination and get the men to settle down as practitioners in villages (with a small subsidy from Government ~~to start with~~), so that the village residents can have access to medical relief before cases of illness become complicated. And the mortality in villages be thereby reduced.

The Memorandum was referred to a Committee with the Senior Surgeon as President for consideration of the feasibility of the scheme and the general questions involved therein.

The Committee agree with the scheme generally and suggest the establishment of an Institution for the training of Rural Medical practitioners to work coordinately with the Ayurvedic College, so that instruction in the English and the indigenous systems of medicine may be imparted to the students.

The Senior Surgeon however is not in favour of this scheme and states

that the money required for the scheme may be more usefully utilized in training about 40 additional Sub Assistant Surgeons, one for each of the specially unhealthy hobli[illegible] to be selected.

The approximate cost of the scheme of training as recommended by the Committee is estimated to be Rs.5,000/- initial and Rs.15,600/- recurring (per annum).

It may be noted that the present course of training in the Ayurvedic College in Mysore includes training in the rudiments of English system of medicine and the question whether the present curriculum of studies in the Ayurvedic College cannot be suitably revised so as to better fit the men trained in the Ayurvedic College for employment as rural medical practitioners has been referred to the original Committee for opinion and their report is due. In the meantime there is a lump provision of Rs 18 600 in the current budget Medical file 71-15 relating to the scheme is submitted for reference.

H. Lee 2/10-16

Exc to Incl 7/-15—5—
2

THE

PROBLEM OF MEDICAL RELIEF

BY

J. S. CHAKRAVARTI, M.A., F.R.A.S., etc.,

Comptroller and Financial Secretary to
the Govt. of His Highness the
Maharaja of Mysore

MYSORE
GOVERNMENT BRANCH PRESS
1915

THE PROBLEM OF MEDICAL RELIEF.

In spite of all that the Government, local bodies, private enterprise and private charity are doing now in the field of Medical Relief, thousands of people die every year, specially in the interior of the country, for want of timely medical aid in cases of illness This is true in Mysore as in other parts of India If we add to this the large number of deaths amongst women and new born infants for want of proper assistance and care during the critical period of child-birth the total loss of life, a part at least of which is preventable cannot but be regarded as deplorable Hospitals and Dispensaries have been started in various parts of the country and Mysore is not behind most other parts of India in this matter But as the lives of its subjects constitute the most valuable asset of a State and as admittedly there is some preventable loss in this direction, it is important to consider as to whether anything can be done to minimise such loss

2 The object to be attained is that every man, woman or child who is seriously ill or who, owing to other circumstances, is in urgent need of medical aid should get advice as regards treatment from an individual trained for the purpose and the medicines and appliances necessary for such treatment This does not mean that he is to get advice and medicine *free* If the person treated is in a position to pay for his treatment adequate payment should be demanded In the case of a well-to-do person, medical expenditure for the benefit of himself and the members of his family is as legitimate a charge on his resources as expenditure on food and clothing and other necessities of life The idea seems to be entertained in some quarters that professional advice and medicines should be given free to all who come for treatment to Public Hospitals and Dispensaries irrespective of whether the applicant is rich or poor It is well-known that this idea is given effect to in practice at the present time In this State and in many other parts of India men of means do not hesitate to avail themselves of free treatment by resorting to public medical institutions It is difficult to justify this course Would any one think of establishing offices at public expense at which legal advice and the means of fighting law-suits should be distributed free even to individuals in affluent circumstances? If it is universally recognized that professional advice and help, for example in Law and Engineering, should always be paid for by the party desiring such assistance, is it right that medical advice and help should be given free, *i e*, at State expense, to all? The poor of course should get advice and medicines free and when necessary should be treated as in door patients in Public Hospitals For the purpose of this concession, only those are to be regarded as poor whose income does not exceed what is necessary to provide the bare necessities of life and who would therefore perforce go without treatment and die but for State charity in the matter In Mysore, families with an annual income of less than Rs 500 may perhaps come under this class The proper ideal to be kept in view as regards the problem of medical relief is therefore that suitable medical advice and help *should be available* to every subject of the State, but he must be prepared to pay for them according to his means

3 The perfect attainment of the ideal referred to above is a gigantic and difficult task But the matter is so vitally important that every endeavour should be made to

approach the ideal as closely as possible. In its financial aspect the principle of requiring payment from persons who can afford it, is the first step towards a satisfactory solution of the problem. But even then, as the bulk of the population will be included in the class of poor people entitled to free medical help, the financial aspect of the case remains difficult. As regards the aspects of organization and administration, the introduction of the principle of payment does not help us much. To make medical treatment available in every case of illness or accident within the State the same preparation and organization will be necessary whether payment is required or not.

4. The idea that is put forward in this paper is that at each *Hobli* headquarters and at each other important village there should be a medical man with a stock of medicines and other medical appliances. The area of the Mysore State is 29,432 square miles and there are 373 hoblis. The average area of the hobli may therefore be taken as 79 square miles, which will be equal to that of a circle of 4 to 5 miles' radius. If there is medical help available at each hobli headquarters, we may say that every man in the State will have medical assistance available within 4 or 5 miles from his place of residence. For the present we may take this as an ideal which we should strive to reach.

5. One thing that is to be kept prominently in view in framing schemes for the welfare of the population in this country is the general poverty of the population. Whether we make medical institutions free or whether we demand payment the cost ultimately will have to be defrayed by the people themselves. A costly scheme will therefore be unsuitable and impracticable. We have got at present only a limited number of hospitals and dispensaries and can therefore afford to maintain a fairly high degree of professional efficiency in them. But what is wanted is not merely that a few people living in large cities and in towns should get medical help of a high order but that relief, though even of a less high order, should be made available to the great bulk of rural population. Large model hospitals like the Victoria Hospital at Bangalore and well-equipped dispensaries like those we have at taluk headquarters are very necessary to maintain a proper standard of professional efficiency at selected stations and to take up the more serious and difficult cases. They are also necessary for purposes of training and research. But it is impossible that a costly hospital or dispensary should be started in every hobli or in every village and it is therefore necessary to think of some expedient which will be suitable and not too costly for the rural population. There is reason to suppose that in thousands of cases of illness occurring in the rural tracts, the disease can be checked by medical advice and assistance of the simplest description at the initial stage. It is the object of the scheme now put forward to bring simple treatment within the reach of all villagers. By this means cases of disease will come under observation and treatment in the early stages before complications due to neglect set in. The number of recoveries will increase and the loss of life will be minimised.

6. At present the least costly class of medical men trained according to the European system of medicine are those trained in the medical schools established in various provinces. They belong to the class which was first known as Native Doctors, which thereafter came to be designated as Hospital Assistants and which now pass by the name of Sub-Assistant Surgeons. Their qualifications and professional efficiency have improved considerably in course of time, as indicated by the change in designation. In the beginning they were taught only the rudiments of practical medicine and surgery through the medium of the vernacular. A fairly thorough medical training in vernacular with some admixture of English and theoretical knowledge was the next stage. At the present time English qualification up to the Matriculation standard is a *sine quâ non* for

admission to most of these institutions The teaching is mainly, if not wholly, in English and a fairly high standard of theoretical attainment is required In fact I have heard some teachers of these medical schools declare with pride that most of the Sub-Assistant Surgeons trained in these schools are not much inferior to the Licentiates in medicine turned out by the several medical colleges This is no doubt good in a way But it is not good from the point of view of general medical aid for the rural population of India A man who has acquired general education up to Matriculation standard, has thereafter passed through an exacting course of four years in a Medical Institution and has successfully undergone a series of difficult examinations in medicine, surgery, midwifery and other branches, is not likely to be satisfied with the career and with the income of a village medical practitioner The Sub-Assistant Surgeon as he is now trained is useless for the object we have in view, namely the provision of Village Doctors for the benefit of villagers He is much above it

7 If simple medical assistance is to come within the reach of the great mass of village population we must think of an entirely different type of men We must revert to something like the Native Doctor of the old times We must have a set of men who, while able to render useful medical help in simple cases, will be satisfied to live as villagers amongst villagers on a modest income Their education both general and professional may not be of a very high order on the theoretical side, but their training should be thoroughly practical and must have special reference to the peculiar requirements of the population amongst whom they will have to work I think if we get hold of students who have read up to the Lower Secondary Standard and train them in a special institution for a period of two years we may have the desired type of men

8 This is not the place to elaborate the curriculum for the course of training to be given to these young men It is impossible for a layman to develop all details in this matter But the training to be given to these men must have certain essential features if the scheme is to be a success The men must be taught to do vaccination and plague inoculation They must learn to diagnose simple medical cases and the use of simple drugs The use of indigenous drugs and a knowledge of the medicinal properties of plants and herbs available in all parts of the State should be a special feature Giving first aid in cases of accident and injury should form an important part of the training and they should know how to arrange for carrying sick or injured persons from one place to another without much risk or pain This aspect of the training is of great importance, for these village doctors should be able to quickly recognize difficult cases that are beyond their capacity and arrange for such cases being removed to the taluk or district headquarters Surgical treatment under antiseptic conditions of superficial abscesses and of simple injuries may also be taught They should learn to conduct simple cases of labour Of course in the present state of the country there is no hope of male doctors being employed to a large extent in cases of confinement * But if these men know the rudiments of midwifery and of treatment of infants they will be able in a general sort of way to supervise the operations of village midwives and to improve the condition of the confinement chamber and its surroundings Many cases of female and infant death may be thereby averted There should be simple practical lessons in hygiene specially connected with food drink, clothing and living accommodation and practical sanitation should be taught particularly in the matter of disinfecting wells and houses A simple course of treatment of cattle would also be very useful The training

* The ideal arrangement would be to train a corresponding class of female doctors who would be chiefly mid wives but would also be able to treat simple cases and to associate such a person with the Village Doctor in each hobli This should be done as far as possible But for financial reasons and also for want of a sufficient number of suitable women for being trained the arrangement here suggested should suffice for the present in respect of most hoblis The training institution should of course be adapted for training both male and female students from the beginning

should be in the vernacular and thoroughly practical and should not aim at imparting scientific or theoretical knowledge beyond what is absolutely necessary.

9. Such young men should be trained by hundreds and scattered broadcast throughout the length and breadth of the State. They should be encouraged to settle as private practitioners in important villages. The Government should maintain a mobile staff of say 50 such men which should be distributed over the important medical institutions of the State in ordinary times. At the first sign of any epidemic in a locality a battalion of these men should be at once mobilized and sent out under suitable guidance to fight the danger. At each hobli headquarters a paid Village Doctor of this type should be maintained out of the Village Improvement Funds within the hobli. The hobli Doctor should maintain a simple dispensary at his headquarters and funds for this should also be provided by the Village Improvement Committees. He should have two medicine chests—one large for being carried in a cart or as a head load and another small which can be carried on a cycle. He should know cycling and should be encouraged to keep a bicycle by the grant of a small allowance. The Hobli Doctor should be present with his medicine chest at important markets on market days and at festivals and fairs. In professional matters he will be under the District Surgeon. The appointment and removal of Hobli Doctors may rest with Deputy Commissioners but Village Committees should be given powers to see to the proper performance of his duties by the Hobli Doctor.

10. It will be the duty of the Hobli Doctor to attend to all cases that may come to him at the dispensary and also to attend patients at their residence. The question of payment by those who can afford to pay for treatment and medicine should be settled by the Village Committees. Ordinarily the Hobli Doctor will be expected to visit every serious case of illness and every new-born infant within the hobli. He should attend to vaccination within the hobli and also do inoculation work on the advent of plague. When there is apprehension of cholera he will disinfect the source of water-supply and instruct the people to take precautions regarding food and to boil the drinking water. An important part of his duties will be to arrange for sending the more serious cases to the taluk or district headquarters for treatment. He will also treat cases of cattle disease. The duties at the first sight may seem multifarious and the hobli may in some cases be too large a charge for a single man. The average population of a rural hobli is about 13,000 souls. The number of births in a hobli per annum would be about three to four hundred and the number of deaths a little less. But it must be remembered that the Hobli Doctor will only be a sort of First-aid man in all his spheres of work, taking upon himself the treatment of only the simplest cases. In respect of the more difficult cases, his duties will consist in advising and helping the patient to go to the taluk or district headquarters. Whenever he finds the work too much for him or whenever he anticipates danger as regards the outbreak of epidemics, etc., he will give the signal by reporting to headquarters and a part of the mobile staff should come to the rescue and cope with the situation as far as possible.

11. The remuneration of a Hobli Doctor in the shape of pay from the Village Committee may be fixed at Rs. 20 to Rs. 30 per mensem or on an average, Rs. 25. Arrangements may also be made to give him a part of the fees that may be realised according to rules from persons who can afford to pay for treatment and medicines. For a rough consideration of the financial aspect of the scheme we may take the recurring expenditure on account of each Hobli Doctor at Rs. 35 per month including his pay, supplies and services, and contingencies. He should have no whole-time establishment but a part-time menial may be kept and paid a small remuneration. The supplies will

consist mostly of simple drugs and other medical stores. It is difficult to say what the average receipts will amount to against a monthly charge of Rs. 35. Perhaps we may take the receipts on account of advice, treatment and medicine at Rs. 10 a month, half of which will go to the Hobli Doctor himself and half to the Village Funds maintaining him The net cost for each Hobli Doctor will therefore come to about Rs. 30 per month. Taking the number at 400, including the mobile staff and a reserve the total annual expenditure on the scheme will come to Rs. 1,44,000. This works out to an average of about Rs. 8 per village per annum, which is surely not an extravagant figure considering the benefit and the facilities which will result from the scheme. Moreover, the scheme is one which can be introduced gradually. Comparatively richer hoblis and villages may adopt it in the first instance and the movement may spread into the poorer parts as organization develops and funds permit. The Government at present make a grant of Rs. 2 lakhs per annum for Village Improvements. It is but fair to hope that in course of time villagers would supplement this by contributing double the amount. In fact, that is the condition on which Government have sanctioned this grant. If the total amount at the disposal of Village Improvement Committees be taken at 6 lakhs, it will be seen that the scheme under consideration when fully developed will only absorb less than 25 per cent of the resources of Village Funds.

12. The scheme that is put forward in this paper first suggested itself when the scale of pay of Vaccinators in the State was under consideration. At one time we had a very inferior class of men as Vaccinators, the pay of the appointments being about Rs 8 or 10, and the persons employed being little better than the class serving as menials in the various departments of Government. This state of things was considered unsatisfactory and on the recommendation of the Chief Medical Advisor the Government sanctioned a scheme in which all Vaccinators were to be men of the Sub-Assistant Surgeon class. This of course was a violent move to the other extreme and for want of men of the type required and for financial reasons, the scheme never came into operation. These facts led to the consideration as to whether the work of vaccination could not be combined with inoculation against plague so that men of a better type could be employed on adequate pay as "Vaccinator-Inoculators." The idea of this class of men involved that of the establishment of a special institution for training and this led to a further broadening of the idea to that of the Hobli Doctor.

13. After this scheme of Village Doctors was conceived and discussed with some persons whose opinion might be of value, an eminent medical friend kindly brought to my notice that a class of persons very much like the contemplated Village Doctor and discharging the same functions, *mutatis mutandis*, existed in another country He referred to the *Practicante* of Spain. The following extract from a journal would tend to shew that a class of men like the one contemplated in this paper can do much good and would be very useful under Indian conditions —

"Their recognition by the State does not date back further than 1811 They were then called *Sangradores*. Their duty then was solely that of blood-letting for the regular practitioner, who apparently did not condescend to phlebotomy. From 1830 to 1836 they were styled *Administrantes de Cirujia menor* (practitioners of minor surgery), in 1858 the title was again altered to that of *Practicante*, and in 1901 their education being much modified and amplified by statute, their style was in like manner amplified to that of *Practicante autorizado para la asistencia à los partos normales*, thus adding the duties of man-midwife to their other functions. In order to qualify for recognition they must first pass an entrance examination in general education and then undergo a course of study, which is divided into two parts Each is of at least one year's duration,

and must be taken at a hospital or university The first part has to do with elementary anatomy, chiefly topographical, the elementary physiology of the internal organs, dressing and bandaging, and the rudiments of *materia medica*, with reference chiefly to topical medication The second part of the course must be taken at the university and the lying-in-hospital, and consists of lectures, demonstrations of minor surgical operations, the conduct of normal labours, and a general view of the treatment of the intoxications and of what we call first-aid Then there is a review of the two courses, followed by an examination for the diploma The duties of the *Practicante* are distinctly subordinate, and in almost all cases he acts under the instructions of the doctor He is the paid assistant of the fully qualified practitioner, as well as his head nurse, he prepares cases for operation, and attends to their after-treatment Spain is a poor country and distances are great, regular practitioners are not many, for the inhabitants are too poor to maintain them Even the *Practicante* commonly finds it impossible to live by that calling alone, so that he frequently has some subsidiary business such as that of my friends at Jaca It is quite usual in Spain to call the *Practicante* in the first instance, and then to be guided by him as to whether it is necessary to summon the doctor In the hospitals and *casas de socorro*, of which there are many in Spain, the *Practicante* finds employment always at the direct behest of the medical man, much as a student dresser in our clinical institutions They are modest and intelligent fellows enough, very interested in British methods of treatment, but ambitious to have their field of activity enlarged, they are accordingly agitating for employment as dressers in the army, navy, and on railways and in mines, where there is little doubt that they would be useful as subordinate coadjutors of the profession '

14 That sound practical training even if unaccompanied by scientific studies of a high order according to modern methods, can produce men who are able to usefully follow the medical profession, relieve suffering and save life, is shewn by the large number of Ayurvedic and Unani practitioners who work throughout the country and do so in many cases with profit to themselves and benefit to the public A number of practitioners belonging to the Homœopathic school also come under this description I do not mean to assert for a moment that the training and equipment of practitioners of these descriptions are at the present moment all that can be desired There are many instances in which men of this class set up as practitioners without proper training even according to their respective systems And there can be no doubt that the orthodox systems of training in the several schools of medicine, *viz*, Ayurvedic Unani etc, can themselves be much improved The men trained under these systems will be all the better if in addition to the training given in their own systems, they receive a course of instruction in anatomy, physiology, pathology and some other subjects according to the European system But the point that I want to establish from a consideration of the fact that numerous successful practitioners of the indigenous and other schools are working in India at the present time is that many cases of illness which arise in this country can be successfully treated by men whose training has been entirely practical, with the help of simple drugs and appliances And when such a training suffices for other schools of medicine there is no reason why it cannot be applied to the European system which is undoubtedly the most advanced of these several schools

15 The idea developed in this paper is somewhat new and I am apprehensive that it is likely to encounter considerable opposition especially from some members of the medical profession It will be regarded as a step tending to lower the professional standard and will be condemned as a move towards reversion to quackery Some of my medical friends whom I consulted on the subject have expressed this opinion But others have con-

sidered the scheme from a standpoint somewhat broader than that of jealous regard for a high professional standard They have said that in the present circumstances of the country the adoption of a scheme of this kind has much to recommend it But for the encouragement given by such friends, eminent in the medical profession and intimately acquainted with the medical needs of our rural parts, I as a layman should never have ventured to place this scheme before the public for consideration and discussion

16 The facts of the case are simple Thousands of men die in the rural parts of the State every year for want of medical treatment even of the simplest kind The country is poor We cannot maintain highly qualified medical men in every hobli or village Under these circumstances should we adhere with fatal pride to a high ideal of professional efficiency, recognize only highly-qualified and highly-expensive persons as doctors and leave the rural population to suffer and to die with no medical help? Or is it desirable that we should try to create a class of men who, though not able to boast of scientific or theoretical training of a high order, will yet possess a fair practical knowledge of the simple remedies and processes of the healing art? The problem stares us in the face and cries out for a solution, that pitiable loss of life occurs from year to year is undeniable If there is a better solution let it be discussed and adopted by all means But if no better scheme is forthcoming for the present, the proposals here put forward deserve consideration and trial

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* I need here cite only one opinion that of one of the most eminent and esteemed medical men ever connected with Mysore A letter from Lt Col T H Foulkes I M S is reproduced below and it speaks for itself I earnestly hope that all medical men to whom the idea may appear crude and impracticable at the first sight will think over it for sometime with special reference to local conditions in this country before arriving at a final opinion

'My Dear Chakravarti

I have been thinking over your scheme of Village Doctors dressers nurses and I like it the more I think of it I should like to go into it with you sometime At first sight it does not seem sound but it grows When are you likely to be here again ?

Yours sincerely

T H FOULKES